



City and County of San Francisco  
London Breed  
Mayor

## San Francisco Department of Public Health

Dr. Grant Colfax  
Director of Health

February 1, 2023

Dear Mayor London Breed and Members of the Board of Supervisors,

I am pleased to share the Department of Public Health's (DPH) 2023 Mental Health San Francisco (MHSF) Annual Implementation Plan. This report includes key MHSF milestones and accomplishments in 2022, implementation plans for 2023, and an overview of the MHSF budget.

DPH completed the second year of full MHSF implementation in 2022, launching and expanding services to improve access to care, increase treatment availability, and build the supports necessary to reach and engage the most marginalized individuals in San Francisco. In 2023, DPH will continue to progress toward the complete implementation of MHSF and will analyze the behavioral health system for additional opportunities to refine and improve service delivery.

MHSF presents a unique opportunity to transform our system. DPH is encouraged by the progress to date and looks forward to fully realizing the goals of MHSF in the coming years. Thank you for championing this lifesaving and equity-promoting effort as well as joining us on the path to improve the behavioral health of San Franciscans.

Additionally, I wish to recognize the thoughtful contributions from our knowledgeable partners, including the MHSF Implementation Working Group and the Our City, Our Home Oversight Committee.

Sincerely,

A handwritten signature in cursive script that reads "Hillary Kunins".

Hillary Kunins, MD, MPH, MS  
Director of Mental Health San Francisco and Behavioral Health Services  
San Francisco Department of Public Health

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## 1) Overview of Mental Health San Francisco

On December 6, 2019, the San Francisco Board of Supervisors passed an ordinance ([File No. 191148](#)) amending the Administrative Code to establish Mental Health San Francisco (MHSF). This program is improving behavioral health services for people living in San Francisco with serious mental health issues and/or substance use disorders who are experiencing homelessness.

The legislation calls for the San Francisco Department of Public Health (DPH) to submit an “Annual Implementation Plan,” which outlines the services and estimated budget required to implement MHSF. This plan is scheduled for submission by February 1 of each year. This report outlines the implementation status of MHSF, including key milestones and budget for Fiscal Years 2022–23 and 2023–24.

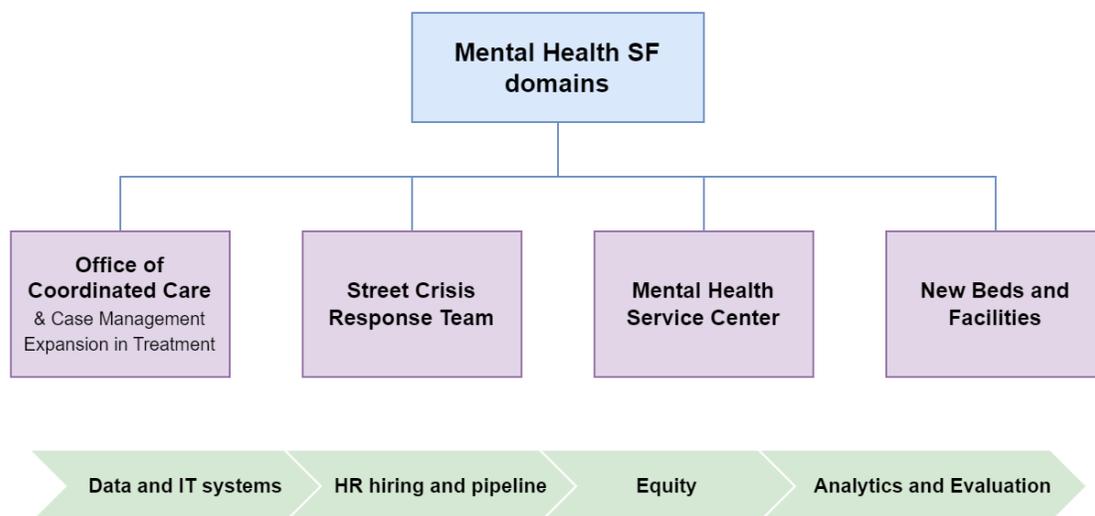
In 2022, DPH completed the second year of full MHSF implementation. Due to the COVID-19 pandemic, planning for MHSF started in 2020, with initial funding beginning in December 2020 and full operational funding in July 2021.

## 2) Structure and Funding of Mental Health San Francisco

### Organizational Structure and Overview of Key Domains

DPH established an internal governance structure designed around the core components of the legislation and organized the implementation of MHSF into four key domain areas in accordance with the legislation, as outlined in Figure 1.

*Figure 1. Mental Health San Francisco Internal Governance Structure*



The **Office of Coordinated Care (OCC)** provides coordinated access to mental health and substance use services across the City's behavioral health system. The OCC facilitates transitions for patients between systems of care and across levels of care, as well as centralizes the coordination of care. Additionally, DPH is expanding case management services in the existing outpatient treatment system. These services aim to keep patients connected to and engaged in ongoing behavioral health care.

The **Street Crisis Response Team (SCRT)** is a collaboration between DPH, the San Francisco Fire Department, and the Department of Emergency Management to provide a community health approach to clinical interventions and care coordination for people who experience behavioral health crises in San Francisco.

MHSF calls for the creation of a **Mental Health Service Center (MHSC)** to serve as a central access point to the behavioral health system. The planning process is underway to provide the services of the MHSC by co-locating and coordinating several new and existing programs. These include the Behavioral Health Access Center (BHAC) and Behavioral Health Services (BHS) Pharmacy, which have expanded hours and services under MHSF.

The **New Beds and Facilities (NB&F)** domain expands mental health and substance use treatment and increases residential treatment and care services. New Beds and Facilities is adding approximately 400 overnight treatment spaces or beds. DPH's goal is to offer timely, accessible, coordinated, high-quality, and recovery-oriented care that is delivered in the least restrictive setting.

While the legislation requires the creation of an Office of Private Health Insurance Accountability, funding for this component has not been identified and planning for this effort has been paused.

Early in planning for MHSF, DPH included Overdose Prevention as an additional focus area to address the emerging public health crisis of overdose deaths in San Francisco. The strategies to reduce overdose deaths are interconnected with the other MHSF program areas, and they benefit from the executive oversight provided by the organizational structure of MHSF.

There are also several initiatives that cut across multiple domains and support the overall implementation of MHSF. These include upgrades to the data and information technology systems used within BHS, the work of the MHSF Analytics and Evaluation team, staffing efforts in partnership with the Department of Human Resources, and an equity focus across the development and operation of all MHSF programs.

## Funding Overview

Initial funding to kickstart the implementation of MHSF was approved by the Board of Supervisors and the Mayor in December 2020, with significant ongoing, operational funding allocated beginning in July 2021 with Our City, Our Home (OCOH) funds, also known as Proposition C (Prop C).

Proposition C, a business tax to fund homelessness services, was approved by San Francisco voters in November 2018 with the backing of the Our City, Our Home campaign. The ballot measure allocates 25% of the tax revenue generated under Prop C to DPH to create new behavioral health services for people experiencing homelessness.

Although the release of Prop C funds was delayed until late 2020 due to litigation, Prop C is now the largest source of funding for the four key components of MHSF. DPH is also leveraging existing and new FY 22–23 General Fund allocations to fund complementary services.

In FY 22–23, \$51.9 million in DPH Prop C funds are allocated to support MHSF programs. In FY 23–24, that figure rises to \$62.2 million. Additionally, DPH is using one-time Prop C funds to acquire sites for MHSF facilities. Further budget details on specific MHSF programs are outlined in section 7 of this report, beginning on page 25.

### 3) Priority Population and Core Metrics

#### Priority Population

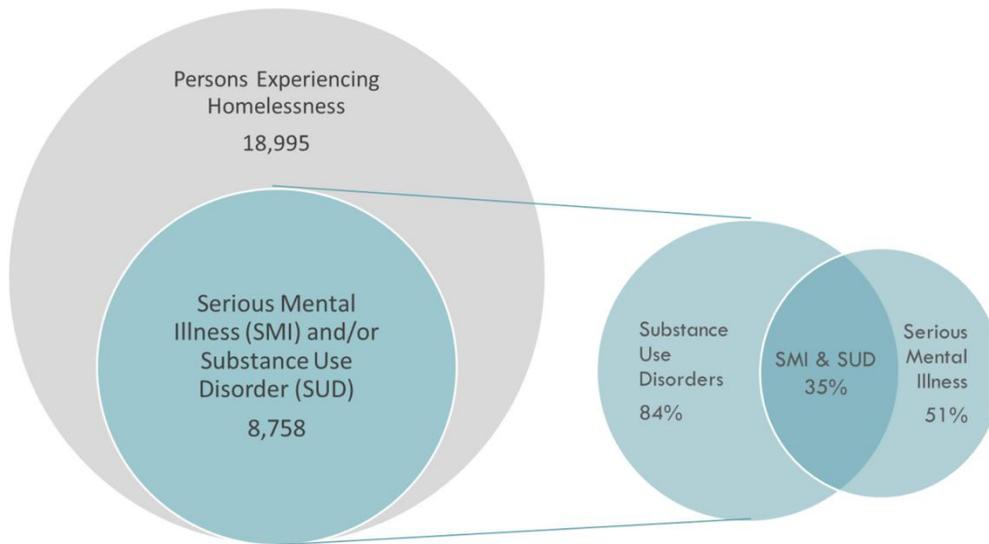
As described in Section (c)(1) on page 6 of the legislation: *“The primary focus of Mental Health San Francisco is to help people with serious mental illness and/or substance use disorders who are experiencing homelessness get off of the street and into treatment. Persons who are experiencing homelessness and who are diagnosed with a serious mental illness and/or a substance use disorder shall have low barrier, expedited access to treatment and prioritized access to all services provided by Mental Health San Francisco.”*

The groups mentioned in the legislation include (individuals may fall into more than one group):

- 1) People experiencing homelessness with serious mental illness and/or substance use disorder;
- 2) Uninsured persons;
- 3) Persons enrolled in Healthy San Francisco;
- 4) Persons enrolled in Medi-Cal with serious mental illness;
- 5) Individuals upon release from the County Jail.

Given the primary focus of the legislation and the fact that people experiencing homelessness with substance use disorder and/or serious mental illness encompass many individuals in the subsequent groups, all programs will be designed to address the unique behavioral health needs of people experiencing homelessness as the priority population for MHSF programs. In the implementation of MHSF, DPH has carefully considered – and will continue to closely monitor – its ability to reach people experiencing homelessness.

Figure 2: Mental Health San Francisco Priority Population

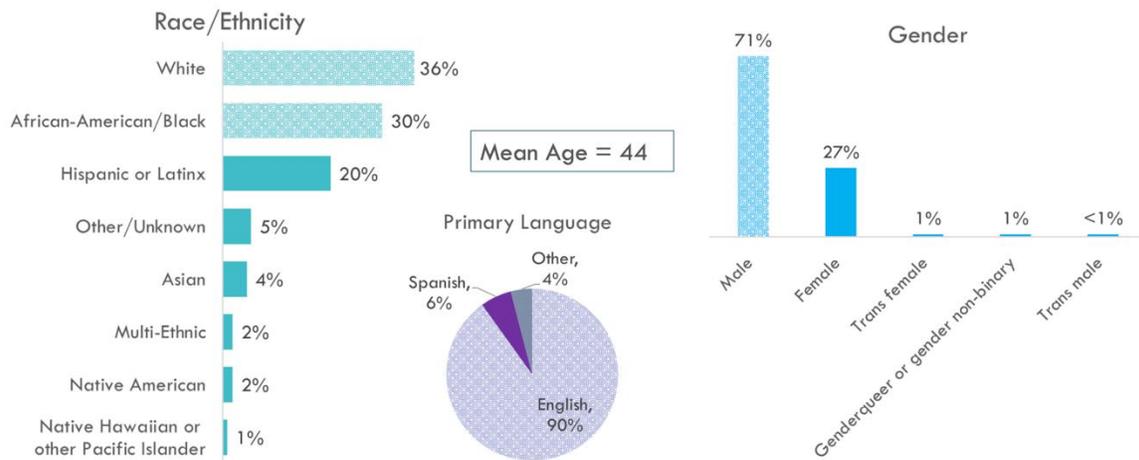


Mental Health SF Population as of 8-3-2022  
Data sources: DPH Electronic Health Record Systems (Epic, Avatar); Homelessness and Supportive Housing (ONE)

The MHSF priority population as of August 2022 includes 8,758 people who had experienced homelessness in San Francisco during the previous year and had a substance use disorder and/or a serious mental illness. Within this priority population for MHSF, 84% had a substance use disorder, 51% had a serious mental illness, and 35% had both.

DPH also intends for MHSF to address longstanding disparities in health and health care, which adversely impact marginalized racial and socioeconomic groups. Within the population of all people experiencing homelessness, MHSF interventions will be designed specifically to meet the health needs of persons experiencing homelessness who are people of color, transitional age youth, and who identify as LGBTQ.

Figure 3: Demographic Profile of the Mental Health San Francisco Priority Population



Mental Health SF Population as of 8-3-2022  
Data sources: DPH Electronic Health Record Systems (Epic, Avatar)

The demographic profile of the MHSF priority population differs markedly from the general population of San Francisco. Although Black/African American residents make up only 6% of San Francisco’s population (according to [2022 Census Bureau estimates](#)), they account for 30% of the MHSF priority population. Hispanic/Latino residents are also slightly overrepresented, making up 20% of the focus population, compared to 16% of San Francisco’s population.

Men comprise 71% of the MHSF priority population, compared with 51% in San Francisco as a whole. The median age of the priority population is 44, only slightly older than the median age of 40 in the city overall. There are 372 transitional age youth (18 to 24) in the priority population, or 4% of the total MHSF priority population.

### Core Metrics

DPH based the priority areas for MHSF core metrics on the MHSF legislation and mental health reform work performed by DPH in 2019–2020. The core metrics were developed with the input of subject matter experts, including leaders of the individual MHSF domains, clinicians, program managers, Information Technology leaders, DPH leadership, and members of the Implementation Working Group.

The core metrics described below are prioritized to measure the impact of MHSF services on the priority population. These do not represent the total list of metrics, many of which are operational metrics that will evolve as new services begin and will be reported by the individual MHSF domains. The key areas the core metrics fall into are as follows: Housing, Routine Care, Wait Times, Overdose Response, and Quality of Life. The core metrics for each key area are listed below in the table below.

Figure 4: Core Metrics for Mental Health San Francisco

Category		Metric
<b>Housing</b>	1	Increase the percentage of the Mental Health SF population assessed for housing.
	2	Increase the percentage of the Mental Health SF population placed in supportive housing.
<b>Routine Care</b>	3	Increase the percentage of the Mental Health SF population receiving routine health care.
	4	Increase the percentage of persons receiving routine health care after a 5150 discharge.
<b>Wait Times</b>	5	Decrease wait times for intensive case management services.
	6	Decrease wait times for residential treatment beds.
<b>Overdose Response</b>	7	Increase the amount of naloxone distributed in the community.
	8	Increase the percentage of persons with opioid use disorders started on buprenorphine or methadone treatment.
	9	Decrease the number of deaths due to overdose.
	10	Decrease racial disparities in deaths due to overdose.
<b>Quality of Life</b>	11	Improve quality of life and functioning for persons in the Mental Health SF population.

As each of the core metrics is developed and released, it will be stratified by key demographic factors including race and ethnicity, language, sexual orientation, age, and gender identity.

### Progress on Priority Population and Core Metrics in 2022

Over the past year, DPH has worked to make accessible the data sources necessary for reporting on MHSF. This has required accurately matching persons across multiple electronic health records and data sources, as well as determining the appropriate procedures for reporting the demographic characteristics needed for equity analyses.

The critical need to improve evaluation and reporting was a driver of DPH’s decision to expedite the transition of Behavioral Health Services to the electronic health records system, Epic, which is used by most clinical services in DPH. This significant and complex transition will facilitate coordination of care, quality, access to care, data analytics, and reporting for both MHSF core metrics and domain-specific outcomes at the OCC, the residential care and treatment system, and other programs.

In 2022, MHSF Analytics and Evaluation (A&E) staff completed the specifications for the MHSF priority population and shared with the MHSF Implementation Working Group the population’s demographic profile, including race/ethnicity, language, gender, and age data. This profile also

details the primary mental health and substance use diagnoses among the priority population. A&E expects to publish a comprehensive report on the demographics of the MHSF population in early 2023.

In collaboration with subject-matter experts from across DPH, A&E has been working to finalize the definitions and specifications for the MHSF core metrics. The team expects to publish the first set of MHSF core metrics – wait times for intensive case management services and residential treatment beds – in the first quarter of 2023, with several more to follow in the first half of the year. More details on those efforts are available below in the section for A&E under the MHSF Implementation Plan for 2023, on page 23 of this report.

## 4) Key Implementation Accomplishments in 2022

Over the past year, DPH made meaningful progress in implementing foundational services and programs across all four domains of MHSF.

- The **Office of the Coordinated Care** launched its core services, including care coordination for patients with complex behavioral health needs. Additionally, case management services were expanded across several programs in the outpatient treatment system.
- The **Street Crisis Response Team** transitioned from a pilot project to full operational implementation, covering San Francisco at all hours and responding to nearly 80% of eligible 911 calls for behavioral health crises.
- Operational hours at the Behavioral Health Access Center were expanded from 40 to 50 hours per week to include weekday evenings. Planning for the center’s transition to the future **Mental Health Service Center** continues.
- Over 160 **new residential care and treatment beds** opened, bringing the total number of new beds opened under MHSF to over 250 – nearly two-thirds of the way to the goal of 400 new beds for mental health and substance use care.

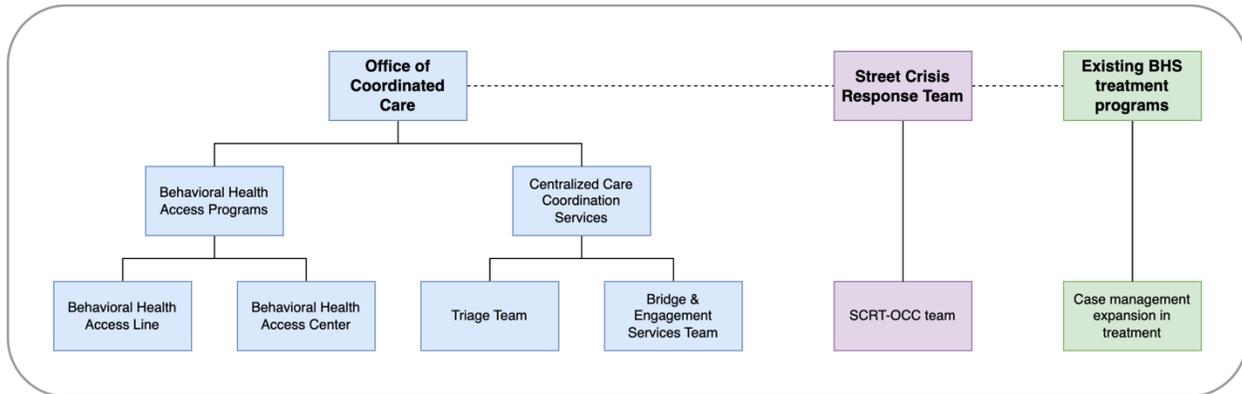
### Office of Coordinated Care

The Office of Coordinated Care (OCC) initiated and expanded operations in 2022. Key milestones included:

- Launching care coordination and field-based linkage services for priority populations.
- Upgrading technology systems to enable effective data tracking and communications between providers.
- Expanding behavioral health access programs.

This report groups the functions of the OCC into two main components: Centralized Care Coordination Services and Behavioral Health Access Programs, as shown on Figure 5 on the following page.

Figure 5: Office of Coordinated Care and Integrated MHSF Case Management Expansion



The OCC continues to work with other BHS teams to fulfill the broader data analytics and case management expansion initiatives outlined in the MHSF legislation. Much of the expansion of case management services is taking place within existing BHS treatment programs, outside of the OCC’s structure.

#### Centralized Care Coordination Services

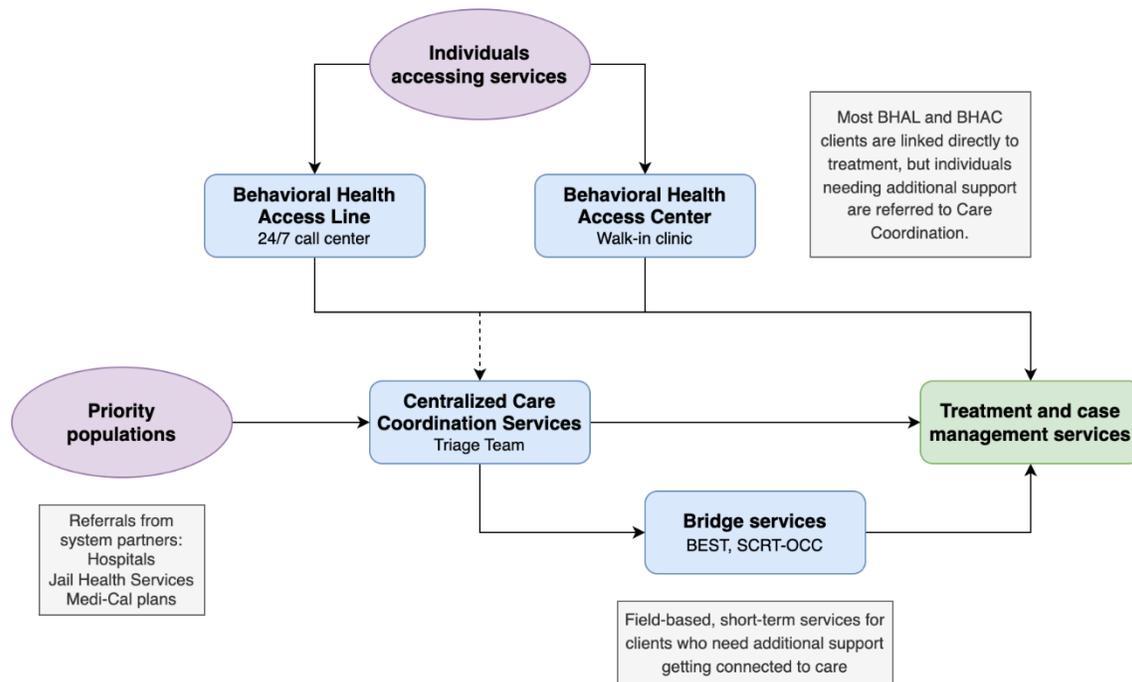
The Centralized Care Coordination Services unit of the OCC launched operations in January 2022. As “Mission Control” for the OCC, it supports individuals transitioning from high-acuity or institutional settings and coordinates care for people disconnected from or at risk of disconnecting from behavioral health care.

Clients come to the attention of Centralized Care Coordination Services in several ways: partners in the behavioral health system – including hospitals and health insurers – may refer to the OCC; referrals are made through complex care coordination meetings; and the OCC uses a population-level approach to proactively identify individuals who may need care coordination services. The Behavioral Health Access Programs within the OCC also refer individuals to Centralized Care Coordination Services who would benefit from a higher level of support bridging to treatment.

After a client is identified for OCC services, Centralized Care Coordination Services works with partners to identify the client’s needs, determine the appropriate level of care, and then connect the patient to ongoing BHS treatment and case management services as needed.

The OCC uses a range of strategies to support people with complex behavioral health challenges, depending on the needs of the client and referring partner. For example, some clients require direct field-based case management services to get connected to care, while others benefit from the OCC’s ability to provide consultation and problem-solving to their existing health care provider.

Figure 6: Office of Coordinated Care Patient Flow



Within Centralized Care Coordination Services is the Bridge & Engagement Services Team (BEST), which provides field-based case management linkage services for individuals referred to the OCC who have high acuity needs or require bridge behavioral health services, including medication dispensing, to engage with care. BEST works with clients to connect them to both health care and other social services, such as housing and benefits.

BEST is one of two new field-based teams designed to meet people in the MHSF priority population where they are and link them to behavioral health care treatment and other services. The other is the joint Street Crisis Response Team – Office of Coordinated Care (SCRT-OCC) team, described in the SCRT section below, which fulfills a similar role for individuals who have had contact with SCRT. The teams share a technological backbone that allows for coordinated patient tracking and data analysis across different BHS units.

Centralized Care Coordination Services has begun accepting referrals from hospitals for patients being discharged from involuntary holds (also known as 5150s) or with complex behavioral health needs, as well as referrals from Medi-Cal plans for enhanced care management services. As the unit ramps up to full staffing capacity, it will implement systematic follow-ups for every patient discharged after an involuntary hold, with the goal of ensuring connections to routine behavioral health care treatment.

Additionally, the OCC has started collaborating with DPH’s Jail Health Services, the San Francisco Pretrial Diversion Project, and other justice system partners to provide case consultation and support for the behavioral health needs of justice-involved individuals. This

includes the OCC's attendance at regular Jail Population Review meetings to advise partners on appropriate behavioral health services, connecting justice-involved clients to the behavioral health system, and addressing any barriers to accessing care. In 2023, the OCC plans to introduce additional direct care coordination services for this population.

#### Behavioral Health Access Programs

Major technological upgrades to the Behavioral Health Access Line (BHAL) call center platform in November 2021 have improved the tracking of calls and decreased hold times from two minutes to 21 seconds on average. Building off these improvements, in September 2022, the BHAL team began the process of streamlining the customer experience to allow the linkage of clients directly to treatment options during an initial call, rather than as a call back.

The Behavioral Health Access Center (BHAC), located at 1380 Howard Street, extended its hours to weekday evenings (5 p.m. to 7 p.m.) in June 2022, as part of the expansion of behavioral health access programs under MHSF. More information on BHAC expansion is available under the Mental Health Service Center section on page 14 of this report.

#### Technology

In November 2022, the OCC successfully transitioned to the Epic electronic health records system, which facilitates better communication and care coordination with other Epic users, including hospitals and ambulatory care providers. This first phase of the BHS transition to Epic also included the Street Crisis Response Team.

The Epic launch has also greatly improved access to data about the operations of the OCC, including the demographic characteristics of clients and connections made to behavioral and physical health care services. In 2024, BHS expects to fully transition its electronic health records to Epic, which will improve patient tracking and analytics among MHSF domains.

#### Case Management Expansion in Treatment

DPH is strengthening its outpatient behavioral health treatment system by expanding case management services in the system, with the goals of increasing treatment capacity, reducing wait times, improving client retention in treatment, and ensuring that clients are receiving the most appropriate level of intervention. These efforts are closely coordinated with the OCC to ensure seamless delivery of services to clients.

Most individuals in the MHSF priority population will need ongoing outpatient treatment for mental health and/or substance use disorder, so the expansion of case management services will improve the entry and retention in care of people who pass through system touchpoints – including the OCC, SCRT, and the future MHSC.

DPH's expansion of case management services in treatment includes:

- Expanding intensive case management (ICM) programs and linkage programs.
- New case management services based at outpatient clinics: the Mobile Outreach Team at DPH mental health clinics and navigators at nonprofit substance use disorder clinics.

ICM programs provide comprehensive mental health and substance use disorder treatment with the highest level of wraparound services for patients with complex behavioral health needs. It is a key MHSF goal to reduce the time that individuals wait to access ICM services. To help achieve this goal, funds were added in 2022 to ten existing ICM contracts to increase capacity and support staff retention.

As of December 2022, DPH has hired seven out of fourteen planned staff for the Mobile Outreach Team. Team members work with clinicians at six of DPH’s mental health outpatient clinics to provide short-term case management services to clients who need additional support remaining connected to treatment, including field-based engagement when necessary. DPH is especially focused on successful transitions between levels of care, including individuals transitioning into ICM and individuals stepping down from ICM to a lower level of care as their condition improves.

Additionally, DPH has contracted with ten substance use disorder clinics run by nonprofit providers to hire patient navigators, who coordinate health care delivery with other services for clients at the clinic and help improve retention in treatment programs.

### Street Crisis Response Team

After receiving a positive response to its pilot phase from community members, SCRT expanded to seven fully operational teams – five daytime and evening and two overnight teams – providing 24/7 citywide coverage of San Francisco. The seventh team launched in May 2022 to increase SCRT’s ability to handle calls overnight.

Over its first two years of operation (from November 2020 to November 2022), SCRT handled over 14,000 crisis calls and engaged with people in crisis over 7,000 times. Each engagement represents an instance that would have received a law enforcement response prior to the implementation of SCRT.

It is a MHSF priority to expand efforts to connect people to care after a mental health crisis. In April 2021, the SCRT–Office of Coordinated Care team (SCRT-OCC) launched. The SCRT-OCC team conducts follow-ups – including brief case management and linkage to care – for individuals seen by SCRT. Follow-up rates increased over the course of 2022: since May, SCRT-OCC has followed up with over 80% of clients engaged by SCRT each month.

In June 2022, SCRT transitioned from police dispatch to emergency medical dispatch to respond to calls, allowing an increase in the proportion of 911 calls for behavioral crises handled by SCRT. Under emergency medical dispatch, behavioral health crisis calls are triaged as medical matters. If SCRT is not available, the back-up is an ambulance, not law enforcement.

Prior to the switch to emergency medical dispatch, SCRT diverted approximately 60% of all monthly 911 calls for “mentally disturbed persons” from law enforcement. Since July 2022, the SCRT call response rate has increased to nearly 80%, demonstrating the program’s success as an alternative to law enforcement.

Outcomes and metrics for SCRT are available at [sf.gov/street-crisis-response-team](https://sf.gov/street-crisis-response-team).

## Mental Health Service Center

BHS continues to work on an implementation plan to meet the goals for the Mental Health Service Center (MHSC), as outlined in the MHSF legislation.

The Office of the Controller completed its eight-month study of [program options for the MHSC](#) in September 2022. After consulting with peer jurisdictions that operate similar mental health access programs and evaluating existing services within San Francisco’s behavioral health system, the project team developed three potential models: a stand-alone center, with services consolidated in a single location; a multi-location center, with transportation provided between different service points; and a virtual center, based around an upgraded call line. Depending on the model, projected facility costs for the MHSC ranged up to \$53.9 million, with operating and staffing costs from \$3.2 million to \$22.6 million annually.

Based on the Controller’s analysis and the feedback of the MHSF Implementation Working Group, DPH has developed a plan to implement the MHSC as a single-site clinic that will incorporate existing behavioral health programs, including the Behavioral Health Access Center (BHAC) and the BHS Pharmacy. Further details are available in the section covering the 2023 plans for the MHSC on page 19 of this report.

BHS currently operates the BHS Pharmacy and BHAC at 1380 Howard Street. As part of MHSF, the BHS Pharmacy previously extended its hours to weekday evenings and weekends to better serve clients. BHAC hours were expanded to weekday evenings (5 to 7 p.m.) in June 2022, and further expansion of BHAC hours to 9 a.m. – 5 p.m. on weekends is planned for early 2023.

## New Beds and Facilities

DPH opened over 160 new residential care and treatment beds in 2022, making significant progress toward the goal of 400 new beds for clients with mental health or substance use disorder needs. Since 2020, BHS has added over 250 new beds to its residential care system.

*Figure 7: New Beds Opened in 2022*

Bed type	Description	Est. bed count
Minna Project	Transitional care for justice-involved individuals with a dual diagnosis of mental health and substance use disorder	48, ramping up to 75 by early 2023
SoMa RISE	24/7 program for people experiencing homelessness with drug intoxication, providing short-term stays and linkage to services	20
Psychiatric Skilled Nursing Facilities	Out-of-county secure 24-hour medical care for people with chronic mental health conditions	13

Residential Care Facility (also known as Board and Care)	Supervised residential program for individuals with mental health issues who require assistance with daily living activities	76
Cooperative Living for Mental Health	Communal living for people with chronic mental health and/or substance use disorders	6

The Minna Project, also known as Dual Diagnosis Transitional Care for Justice-Involved Clients, opened in June 2022 in a refurbished hotel at 509 Minna Street. As a joint project between DPH and the Adult Probation Department, residents receive outpatient health care treatment and supportive counseling to ease the transition to independent living. As of October 2022, the Minna Project had enrolled 50 clients, with referrals from the justice system, San Francisco Health Network, and residential treatment facilities.

SoMa RISE, a drug sobering center, opened in June 2022 at 1076 Howard Street in the South of Market neighborhood. Open 24/7, SoMa RISE provides a safe space for people who are intoxicated by drugs to come off the streets, rest and stabilize, and get connected to care and services. The facility works closely with the Street Crisis Response Team, who drop off clients with appropriate needs. Since September 2022, SoMa RISE has served approximately 900 clients per month.

DPH also successfully contracted to provide 76 Residential Care Facility (also known as Board and Care) beds; 13 Psychiatric Skilled Nursing Facility beds; and six additional Cooperative Living for Mental Health beds.

Information on the expansion of New Beds and Facilities is available here: [sf.gov/residential-care-and-treatment](https://sf.gov/residential-care-and-treatment).

### Overdose Prevention

Although Overdose Prevention is not a key domain within the MHSF legislation, DPH is deeply committed to addressing this public health crisis and has made a reduction in overdose deaths a key metric of MHSF success. In September 2022, DPH released its [Overdose Prevention Plan](#), a comprehensive strategy to reduce overdose deaths in San Francisco by 15% below 2021 levels by 2025. The plan also focuses on reducing disparities in overdose deaths among people experiencing homelessness and Black/African American residents.

Through Proposition C, \$14.5 million is allocated in FY 22–23 to meet the goals of the Overdose Prevention Plan by increasing the availability and accessibility of the continuum of substance use services. These include expanding access to prevention resources and treatment through DPH’s new Office of Overdose Prevention, as well as the operation of the Street Overdose Response Team (SORT), which extends care coordination and low-barrier treatments to people experiencing homelessness with a recent non-fatal overdose.

The Overdose Prevention initiative dovetails with several MHSF domains:

- Expanded hours at the Office-Based Buprenorphine Induction Clinic and other clinics that offer medications for opioid use disorder enable timely access to treatment, especially for clients engaged by street-based intervention teams (such as SCRT and SORT).
- The launch of the Office of Coordinated Care increases DPH’s capacity to provide care coordination for people at heightened risk of an overdose, including those exiting acute care and the criminal justice system.
- With the opening of SoMa RISE, San Francisco now has a safe space open 24/7 for people to sober up after drug use; the facility also distributes harm reduction and overdose reversal supplies.
- The Overdose Prevention Plan calls for the near-term opening of new residential step-down beds and dual diagnosis transitional beds – critical facilities for people exiting inpatient treatment for substance use disorders.

## 5) 2023 Implementation Plan for Mental Health San Francisco

In the upcoming year, the milestones below are the top priorities for each key MHSF domain.

- Extending the full services of the **Office of Coordinated Care** for people exiting involuntary holds and justice-involved individuals, while also expanding intensive case management programs to meet the diverse needs of the MHSF population.
- Implementing the vision for the **Mental Health Service Center**.
- Pursuing additional **residential care and treatment** facilities to approach completion of the 400-bed goal.
- Expanding street-based follow-up care and linkage to treatment in collaboration with the reconfigured **Street Crisis Response Team**.

In 2023, DPH will also prioritize the following overarching goals for MHSF:

- Expanding the analytical capacity to develop, report, and evaluate domain-specific and MHSF-wide metrics.
- Improving connections for clients between MHSF programs and other social services provided by the city, particularly supportive housing.
- Working to overcome challenges that have affected the implementation of MHSF, including:
  - Vacant positions and long timelines to hire behavioral health clinicians;
  - Complex processes to contract with service providers; and
  - Difficulties identifying real estate available for sale or lease that is appropriate for new or expanded clinical programs.

More comprehensive goals for each domain are described in greater detail in the following sections.

## Office of Coordinated Care

Key milestones for the OCC in 2023 include:

- Implementing systematic follow-ups for individuals discharged from hospitals after involuntary holds (5150s).
- Expanding care management services for people with behavioral health needs who are transitioning from the justice system.
- Reporting metrics and outcomes for OCC clients.

DPH also aims to secure staff in 2023 to expand Medi-Cal eligibility and enrollment services for OCC clients.

## Centralized Care Coordination Services

Centralized Care Coordination Services is implementing a multi-step initiative to systematically follow up with people who are discharged following an involuntary hold (also known as a 5150), with the goal of improving connections to routine behavioral health care treatment post-discharge. This systematic follow-up will be fully implemented with Zuckerberg San Francisco General Hospital by spring 2023 and expanded to private hospitals by the end of 2023.

In 2022, in close collaboration with DPH's Jail Health Services and other partners in the criminal justice system, the OCC also started to assess what care coordination services are most urgently needed to support justice-involved individuals with behavioral health needs who are transitioning out of custody and into community-based programs. Similar to the services developed for people discharged after involuntary holds, the OCC plans to extend direct bridge case management and linkage services to this population in 2023.

The OCC will be able to begin more fully evaluating the impact of its services in 2023, following the transition to the Epic electronic health record system in November 2022. The OCC will be using Epic data to measure how successfully it is connecting individuals to behavioral health care, physical health care, housing, and other resources necessary for stability and engagement in ongoing care.

While filling positions for behavioral health clinicians has been a persistent challenge over the past two years, Centralized Care Coordination Services anticipates having the majority of staff hired by spring 2023. This will be a key factor in allowing the OCC to expand services to all priority populations over the course of 2023.

## Behavioral Health Access Programs

The Behavioral Health Access Center (BHAC) will complete the expansion of its hours under MHSF to weekday evenings and weekends by early 2023, matching the extended hours at the BHS Pharmacy. In 2023, DPH will focus on ensuring that BHAC is fully staffed, so that it can provide full services during all hours of operation. DPH also intends to begin measuring utilization data during expanded hours.

BHAC will work with the team planning the implementation of the Mental Health Service Center. This may include the relocation of BHAC and other programs currently housed at 1380 Howard Street to the MHSC, pending the identification of a space that meets service needs and available funding.

The initiative to track connections to care among OCC clients will include people accessing the BHAC and the Behavioral Health Access Line (BHAL). A pilot project in 2023 will allow a direct connection between the BHAL call center system and Epic patient records.

#### Case Management Expansion in Treatment

DPH will release a request for proposals in early 2023 to contract new intensive case management (ICM) programs to meet the diverse geographical and cultural needs of the MHSF priority population. This will build upon the expansion of funding allocated to existing ICM programs in 2022. DPH also plans to hire staff to fully implement the clinic-based Mobile Outreach Team by spring 2023.

In collaboration with the Analytics and Evaluation team, data on wait times for ICM – one of the MHSF core metrics – will be released in early 2023. More details on this project are available in the A&E section on page 23. DPH will incorporate the results into its ongoing strategies to reduce ICM wait times, which include the Mobile Outreach Team and ICM expansion efforts.

#### Street Crisis Response Team

To effectively assist people in crisis and better coordinate street response, the City will be reconfiguring its street response teams in early 2023. Although the role of DPH in 911 response will change, the department will remain a key partner in the City's street response system.

The City will consolidate the Street Crisis Response Team and the Street Wellness Response Team – created last year as a collaboration between the Department of Homelessness and Supportive Housing (HSH) and the San Francisco Fire Department – into an expanded Street Crisis Response Team that will respond to a comprehensive array of behavioral health crisis calls and wellness checks. The Fire Department will be the operations lead for the City's consolidated Street Crisis Response Team.

DPH will transition its role within the City's street response system to expand intermediate and longer-term follow-up care, building on the existing functions of the Office of Coordinated Care and the joint SCRT–OCC team. The goal will be to provide assessment and linkage to ongoing behavioral health care for all individuals contacted by street response teams, when clinically indicated.

As part of this transition, DPH will deploy neighborhood-based teams of clinicians and peer health workers through the Office of Coordinated Care to perform intensive street-based care. These neighborhood-based teams will work closely with the reconfigured Street Crisis Response Team to ensure rapid and reliable follow-up, referrals, and consultation. Some of the services the teams will provide include:

- Connection to acute behavioral health settings, including crisis stabilization and withdrawal management (detox)/sobering centers/substance use treatment;
- Street-based mental health care;
- Assessment for psychiatric holds;
- Referrals and/or transport to urgent care for physical health needs;
- Coordination with HSH, for shelter, housing, and coordinated entry assessments;
- Linkage to ongoing behavioral health care and intensive case management when indicated.

The neighborhood-based teams will also work closely with City departments involved in street conditions work, including HSH, the Fire Department, the Police Department, and the Department of Emergency Management.

### Mental Health Service Center

DPH is currently meeting many of the goals of the MHSC, as outlined in the MHSF legislation, through a variety of implemented and planned programmatic expansions, as shown below.

*Figure 8: Mental Health Service Center Components*

Program	MHSC component	Status
Behavioral Health Access Center	Assessment of immediate need; psychiatric assessment, diagnosis, and treatment	Hours extended to weekday evenings in June 2022; weekends planned for early 2023
BHS Pharmacy	Pharmacy services	Hours extended to weekday evenings and weekends in December 2021
Office-Based Buprenorphine Induction Clinic	Initiation of treatment for substance use disorder	Expanded services and extended hours to weekday evenings in June 2022
Office of Coordinated Care	Bridge case management	Began providing services for priority populations in January 2022
SoMa RISE	Drug sobering center	Opened June 2022
Crisis Stabilization Unit	Mental health urgent care	Project permitting underway; opening in 2024

Based on the findings of the September 2022 Controller’s Office [study of program models for the MHSC](#), DPH is proposing a hybrid plan that integrates elements of both the stand-alone

center and multi-location options. Under this model, the MHSC would function as a single-site clinic to engage, assess, and provide care for patients to bridge them to sustained treatment options. It would co-locate the existing BHAC, BHS Pharmacy, and the Office-Based Buprenorphine Induction Clinic (OBIC) programs, while also adding spaces for the Office of Coordinated Care and other community partners to meet with clients.

Two other elements included in the MHSF legislation – SoMa RISE and the under-development Crisis Stabilization Unit – will work closely with the single-site MHSC, with all programs connected by transportation and OCC case management services.

Over the course of 2023, the MHSC project team plans to refine the vision for how these programs will be delivered at the MHSC. This will entail collaboration across MHSF domains and with external stakeholders, including nonprofit service providers, community members, and the MHSF Implementation Working Group.

DPH is searching for potential buildings for the MHSC that would allow the relocation of BHAC, BHS Pharmacy, and OBIC from their current site at 1380 Howard Street. However, this goal is subject to real estate availability and financing constraints.

### New Beds and Facilities

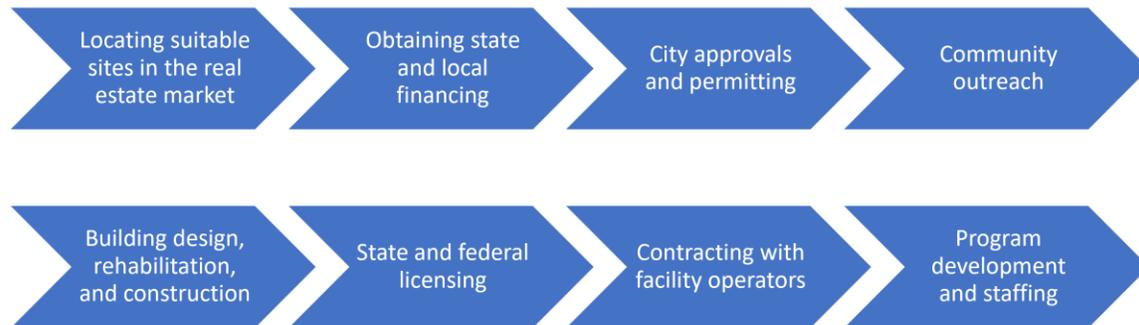
DPH is pursuing multiple properties and operators to meet the goal of 400 new residential care and treatment beds. Approximately 140 beds remain toward meeting the goal, and New Beds and Facilities (NB&F) is in various stages of planning work to bring these remaining beds online as soon as possible.

*Figure 9: New Beds Remaining to Be Implemented*

Bed type	Description	Est. bed count
Crisis Stabilization Unit (CSU)	Short-term, urgent care intervention as an alternative to hospital care during mental health crises	16
Residential Step-Down (RSD)	Long-term sober living environment for clients coming out of residential care programs	70
Managed Alcohol Program (MAP) expansion	Medical supervision for people with chronic alcohol dependency	10
Enhanced Dual Diagnosis (DDx)	Transitional medically enhanced care for people with a dual diagnosis of mental health and substance use issues	30
Transitional Age Youth Residential (TAY)	Supervised treatment for young adults with mental health and/or substance use issues	10

The acquisition, rehabilitation, and procurement of new residential care and treatment facilities in San Francisco is a lengthy and complex process. It can take from eighteen months to three years to open a new facility, involving many steps that include:

*Figure 10: Steps to Open New Residential Care and Treatment Facilities*



DPH is taking every measure it can to expedite these timelines while ensuring that it respects community input and fair contracting processes.

In the upcoming year, DPH is focused on pursuing all available opportunities to purchase and open as many additional facilities as possible. Projects in the contracting and construction phases include:

- Residential Step-Down: Adding 70 beds by spring 2023. The size of the RSD program was reduced so that funding could be reprioritized toward the opening of 70 beds at the Minna Project, allowing DPH to meet its goal of opening new beds on an accelerated timeline and serving justice-involved clients with dual diagnoses.
- Crisis Stabilization Unit: Finalizing architectural drawings to submit to the Planning Department for construction of 16 beds in a renovated site on Hyde and Geary streets, slated to open in early 2024.

The NB&F team is also working to identify long-term locations for three programs that have not yet been implemented or are operating at interim sites:

- Managed Alcohol Program: DPH is looking to find a building to be the permanent location of 20 MAP beds, expanded from the 10 beds in operation since the program opened in 2020.
- Enhanced Dual Diagnosis: Limited provider capacity, difficulty locating appropriate facilities, and potential state licensing requirements have delayed the implementation of these 30 beds. DPH is exploring interim solutions to overcome these barriers and open these beds as quickly as possible.
- Transitional Age Youth Residential Program: At present, a site has not yet been identified for the 10 beds of this program.

DPH is collaborating with the city Real Estate Division for the potential acquisition and rehabilitation of buildings to meet the remaining bed goal and add capacity in San Francisco, including:

- Facilities for Enhanced Dual Diagnosis, TAY, and MAP programs.
- A building that could house several programs, including Locked Sub-Acute Treatment, Board & Care, and/or Enhanced Dual Diagnosis.
- Predevelopment planning is also taking place for a large new development project that would include a rehabilitated site for the 70 new Residential Step-Down beds.

### Evaluating the Residential System of Care

As DPH comes closer to meeting the goal of 400 new residential care and treatment beds, the department is undertaking a data-driven evaluation of the entire residential system of care. The centerpiece of this initiative will be a bed optimization study to analyze the number and types of beds needed to assure zero wait times through the system. The analysis will also help MHSF leadership model various bed capacity configurations.

The study is expected to be completed in mid-2023. Along with the new metrics for residential wait times developed by the MHSF Analytics and Evaluation team, the results will inform future investments in the BHS residential system of care. A previous iteration of this study, performed in 2019, helped develop the priorities for the NB&F domain of MHSF. In addition, the NB&F team is also conducting evaluations of specific residential care and treatment programs.

### Office of Private Health Insurance Accountability

MHSF calls for the creation of an Office of Private Health Insurance Accountability that will “exercise discretion on behalf of San Francisco Residents of all ages who have private health insurance, advocate for such persons when they are not receiving the timely or appropriate mental health care services to which they are entitled under their health insurance policies.” Funding for this Office is not currently identified and planning for this component has been paused.

### Overdose Prevention

Although Overdose Prevention efforts are not included in the MHSF legislation, many of the programs under its umbrella serve the MHSF priority population and coordinate with the four MHSF domains. The aim for Overdose Prevention in 2023 is to align its activities with DPH’s overall [Overdose Prevention Plan](#), released in September 2022.

Toward this end, Overdose Prevention is exploring the possibility of collaborating with the MHSF Analytics and Evaluation team to analyze substance use disorder treatment data that will inform programmatic and policy efforts. Additional opportunities exist for Overdose Prevention to support the work of New Beds and Facilities and the Office of Coordinated Care.

## Mental Health San Francisco Systemwide Initiatives

Several activities within MHSF, including analytics and evaluation, information technology upgrades, and hiring, are not part of the four key domains but are nevertheless crucial to its successful implementation. In 2023, DPH will prioritize the continuation of its work on the MHSF core metrics and the collaboration with partners across the city to address staffing gaps within the behavioral health system.

### Analytics and Evaluation

After being reviewed by DPH leadership and shared with the MHSF Implementation Working Group, the first MHSF core metrics will be published online in early 2023, including summary data and demographic comparisons.

The first metric, slated to be released within the first two months of 2023, will be the wait times for intensive case management services. The wait times for mental health and substance use residential treatment beds will follow in spring 2023.

By mid-2023, the A&E team will release core metrics on connections to care after a 5150 discharge, as well as housing assessments and housing placements among the MHSF priority population. These metrics will aid efforts to collaborate with the Department of Homelessness and Supportive Housing to improve housing outcomes for MHSF clients.

The A&E team aims to complete initial publication (and subsequently, quarterly updates) of as many of the MHSF core metrics as possible by the end of 2023.

### Staffing Mental Health San Francisco

The large number of vacancies has delayed the launch of many new MHSF programs and led to backlogs or operational challenges at existing services. While some of the challenges in adding new behavioral health staff are outside DPH's control, such as the region's high cost of living and the city's lengthy hiring process, the department is committed to doing its part to address the staffing shortages so that it can deliver an effective behavioral health care system.

Between December 2021 and March 2022, to address staffing shortages and respond to critical behavioral health needs, more than over 200 behavioral health workers were hired to fill crucial roles across the system, including long-term staffing for the Office of Coordinated Care.

Additionally, in accordance with the MHSF legislation, the Controller's Office is leading a study to understand where staffing challenges are impacting the ability to provide effective and timely services at both DPH and nonprofit behavioral health service providers, then recommend potential solutions. The study is being conducted in collaboration with DPH and the Department of Human Resources (DHR).

The first phase of the MHSF Staffing Analysis, which began in July 2022, includes identifying the largest staffing gaps in the current system based on available data, assessing the drivers of staffing gaps, and developing short- to medium-term recommendations to address those gaps. Preliminary interviews with DPH managers and nonprofit providers have revealed that hiring

has been particularly challenging for licensed providers – social workers and therapists – as well as non-licensed managers/counselors.

Throughout early 2023, the Controller’s Office team will conduct in-depth interviews and incorporate quantitative data from DHR, DPH and nonprofit providers to understand the root causes of staffing gaps among licensed providers and non-licensed managers/counselors in both City and nonprofit settings. The analysis will focus on several potential causes of staffing gaps, including wages and benefits, staff satisfaction, pathways to licensure, and the city’s hiring process.

The MHSF Staffing Analysis is expected to be complete by mid-2023. Recommendations will be presented to DPH and DHR leadership, as well as the MHSF Implementation Working Group and other stakeholders, and used to inform measures to attract and retain qualified behavioral health staff.

## 6) Incorporating Implementation Working Group Input

The MHSF Implementation Working Group (IWG) began its monthly meetings in December 2020 and started to review MHSF components in February 2021, commencing with the Street Crisis Response Team.

IWG has the “power and duty” to advise the Health Commission, Department of Public Health, Mayor, and Board of Supervisors on the design, outcomes, and effectiveness of MHSF to ensure its successful implementation. Specifically, IWG:

- Provides feedback on the design of MHSF programs and strategies, and
- Evaluates the effectiveness of MHSF by reviewing program data.

IWG also reviews and assesses DPH’s MHSF Implementation Plan. DPH participates in each monthly meeting and presents information on MHSF domains, programs, metrics, and priority population.

DPH supports IWG’s implementation design discussions, both during monthly meetings and in separate working groups. IWG meetings are staffed and supported by facilitators from Harder + Company and the Controller’s Office; the IWG Chair, Dr. Monique LeSarre; and DPH leadership.

In 2022, IWG developed and submitted implementation recommendations for three key MHSF programs: the Office of Coordinated Care, the Crisis Stabilization Unit, and TAY Residential. DPH presented updates on progress on these recommendations during monthly meetings.

IWG also worked with DPH staff to review and incorporate prior-year recommendations on the Street Crisis Response Team and the Drug Sobering Center (now known as SoMa RISE) into the operations of those programs.

IWG continues to receive DPH briefings and implementation updates on other MHSF programs and initiatives, including the Mental Health Service Center, the Minna Project, other bed expansion, Analytics and Evaluation, and the Controller’s Office staffing analysis.

In December 2022, IWG submitted its second [Annual Implementation Report](#), which summarized its progress to date and identified several opportunities for deepening the impact of their work. Included in the report are IWG’s complete recommendations on SCRT, OCC, SoMa RISE, CSU, and TAY Residential, along with DPH’s progress on responding to specific elements of those recommendations.

DPH appreciates the engagement and hard work of the IWG members and looks forward to continued partnership with them to ensure meaningful community and stakeholder engagement in MHSF planning and implementation.

For meeting agendas, minutes, and recordings of the MHSF IWG, please visit the [MHSF IWG site](#) on SF.gov.

## 7) Financing Mental Health San Francisco Programs

The two main funding sources for new initiatives to support MHSF implementation are the Our City, Our Home Fund (Prop C) and the Health and Recovery Bond (Prop A). Prop C is the primary source of ongoing funding to operate MHSF programs, while Prop A bonds and one-time Prop C balances are available to fund the acquisition and rehabilitation of facilities for MHSF.

These Prop C and Prop A investments in mental health and substance use services build on existing department resources and staffing used to support the implementation of MHSF. DPH is continuing to work with the Mayor’s Office and the Board of Supervisors to identify and create other funding sources to support MHSF programs as needed.

Existing funding levels can support the planned implementation service levels included in DPH’s current Prop C spending plan and outlined in this report. Additional annual operating funding would be necessary to further expand services, such as additional hours of operation of the Mental Health Service Center beyond evening and weekends, any new beds beyond the current goal of 400, or further case management expansion.

### Upcoming Budget Milestones

DPH is working with the Controller’s Office to report on mid-year spending progress of Prop C funds during FY 22–23. This reporting will be publicly available and is planned to be shared with the Our City, Our Home Oversight Committee at the February 2023 committee meeting.

The Controller’s Office provided updated revenue projections for Prop C funds in November 2022. Planning of Prop C funds for the upcoming two-year budget, FY 23–24 and FY 24–25, will begin in March 2023 between departments, the Mayor’s Office, and the OCOH Oversight Committee using updated revenue projections.

The latest projections by the Controller’s Office forecast a significant decline in Prop C revenue, beginning in the current fiscal year and continuing through the upcoming budget forecast period. Prop C revenue is highly volatile, since it is driven by the revenues of a small tax base: only the largest companies operating in San Francisco. Depending on the direction of

policymakers over the coming months, the current Prop C spending plan – including MHSF funding, as outlined below – may need to be reduced to align spending and revenues.

The City’s annual budget process is underway for the upcoming two-year budget for FY 23–24 and FY 24–25. Departments are developing budget proposals for submission to the Mayor’s Office by February 21, 2023.

In FY 22–23, DPH leveraged departmental revenue growth to invest in programmatic priorities that align with MHSF priorities without increasing its General Fund support, including:

- Expanding staffing for the Office of Coordinated Care to ensure consistent and sufficient support, linkages, and follow-up for people who have been placed on involuntary holds, including connecting individuals placed on holds to the appropriate level of care and intervening with court-ordered treatment when indicated.
- Crisis line expansion to evening and night coverage to meet increasing call volumes and the launch of a new national 988 crisis line.
- Creation of a new Residential System of Care unit under Behavioral Health Services to oversee placement of clients, support discharge and patient flow for San Francisco Health Network clients, develop new beds and facilities, track data on available beds, and manage contracts to ensure optimal care is delivered.

### Our City, Our Home Fund – Proposition C

At the November 6, 2018, municipal general election, San Francisco voters approved Proposition C, which imposed additional business taxes to create a dedicated fund to support services for people experiencing homelessness and to prevent homelessness.

The measure requires that at least 25% of available Prop C funds go to DPH for the creation of new programs that are designed for people experiencing homelessness who are severely impaired by behavioral health issues. These programs are limited to six specific types of health services listed in section 2810 of the [text of the measure](#).

The approved two-year city budget includes \$87.1 million in FY 22–23 and \$98.7 million in FY 23–24 in annual Prop C funding for DPH to set up and operate new behavioral health programs. These Prop C funds support significant investments in all the four key components of MHSF. The budget figures throughout this report highlight the approximately \$51.9 million of the \$87.1 million (in FY 22–23) in annual DPH Prop C funds that are allocated to support these key MHSF areas.

Figure 11: Ongoing Prop C Budget Summary – FY 22–23 and FY 23–24 (\$ millions)

Domain	FY 22–23	FY 23–24
Office of Coordinated Care & Case Management Expansion in Treatment	\$10.0	\$10.3
Street Crisis Response Team	\$12.3	\$12.6
Mental Health Service Center	\$3.9	\$3.7
New Beds and Facilities	\$25.7	\$35.6
<b>Total Ongoing Budget</b>	<b>\$51.9</b>	<b>\$62.2</b>

As the city uses a rolling two-year budget cycle, some of these figures for FY 22–23 have changed since the previous MHSF Implementation Report was published in February 2022. Ongoing funding for the Mental Health Service Center was reduced by \$2.0 million annually during the FY 22–24 budget process to allow for the development of a new dual diagnosis residential facility for women in the Bayview neighborhood. Additionally, DPH received a \$4.2 million state grant to fund the FY 22–23 operations of SoMa RISE, which temporarily reduced the amount of Prop C funding needed for New Beds and Facilities in that fiscal year.

Across the FY 22–24 budgets, DPH also has approximately \$130 million in one-time Prop C funding to invest in the behavioral health system by acquiring sites for residential care and treatment facilities, as well as \$6.9 million for potential program relocation and improvements for the Mental Health Service Center. However, there is the possibility that one-time Prop C funds may be reduced to help balance the projected revenue shortfall starting in FY 22–23.

Prop C is funding other investments to support DPH efforts to provide health care for people experiencing homelessness that are not part of the MHSF key programs but align with its goals. In FY 22–23, these programs funded by Prop C total \$28.3 million, including:

- \$8.1 million for Overdose Prevention efforts to expand access to medications for treatment of opioid use disorder, contingency management to treat stimulant use disorders, and naloxone to reverse overdoses.
- \$5.9 million for the Street Overdose Response Team, which extends care coordination and low-barrier treatments to people experiencing homelessness with a recent non-fatal overdose.
- \$7.9 million to increase behavioral health and physical health services for clients in shelters and permanent supportive housing.
- \$4.6 million for additional behavioral health support on the street, in shelters, and drop-in centers.
- \$1.8 million for targeted services for transgender and transitional age youth clients, including mental health services.

For FY 22–23, the remaining \$6.9 million in DPH Prop C funds support administrative and operational staffing to implement the new MHSF programs, including information technology, human resources, facilities, finance, and data evaluation.

#### Health and Recovery Bond – Proposition A

In November 2020, San Francisco voters approved the Health and Recovery Bond (Prop A), authorizing \$487.5 million in General Obligation Bonds to support vital new capital infrastructure. Of this total bond funding, DPH will receive \$60 million to fund the acquisition and/or rehabilitation of facilities to house services for people experiencing homelessness with mental health challenges and/or substance use disorders.

DPH will use \$43.5 million of the bond funds to acquire, rehabilitate, and/or construct buildings that address priority bed placements and program needs for critical behavioral health services. The bulk of this funding is slated to support the construction of permanent new residential step-down beds at a large development project, currently in the planning process. The remainder will be used to complement Prop C funds in the delivery of other residential care and treatment facilities to meet the goal of 400 new beds.

The other \$16.5 million in DPH Prop A funds will pay for the renovation and expansion of Psychiatric Emergency Services at Zuckerberg San Francisco General Hospital, facility planning needs, and required audit allocations.